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Image# 13964084613

FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Authoriz		Office	e Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
ELECT DR. MCK	ELLAR U.S. CONGRES	SS		
ADDRESS (number and str	eet)			
Check if differer than previously reported. (ACC)	TYLER		TX 75702	2
2. <b>FEC IDENTIFICATI</b>	ON NUMBER ▼	CITY	STATE A	ZIP CODE
C C00506287	3. IS	THIS X NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT  TX 01
X July 15 Qua October 15 January 31	ts:  (b) 12-  ts:  arterly Report (Q1)  rterly Report (Q2)  Quarterly Report (Q3)  Year-End Report (YE)  (c) 30-  Report (TER)	-Day PRE-Election Report for the: Primary (12P) Convention (12C)  ection on -Day POST-Election Report for the General (30G)	General (12G) Special (12S)	in the State of  Special (30S)  in the State of
5. Covering Period	M M / D D / Y Y Q 201		M / D D / Y	Y Y Y Y 2013
I certify that I have examing the state of Transition		t of my knowledge and belief it is	true, correct and con	nplete.
Signature of Treasurer	Soeuth Sok	[Electronically Filed]	Date 07 /	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Office Use Only FE5AN018	, erroneous, or incomplete informa	ation may subject the person signing	F	EC FORM 3 Revised 02/2003)

#### **SUMMARY PAGE**

of Receipts and Disbursements

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FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

### ELECT DR. MCKELLAR U.S. CONGRESS

		COLUMN A This Period	COLUMN B Election Cycle-to-Date
ò.	Net Contributions (other than loans)		
	(a) Total Contributions (other than loans) (from Line 11(e))	2145.00	49736.98
	(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
	(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	2145.00	49736.98
	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	2203.49	51600.50
	(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
	(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	2203.49	51600.50
	Cash on Hand at Close of Reporting Period (from Line 27)	103.76	
	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
).	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	3200.00	

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

### ELECT DR. MCKELLAR U.S. CONGRESS

	I. RECEIPTS	I. RECEIPTS  COLUMN A Total This Period		
11.	CONTRIBUTIONS (other than loans) FROM:			
	(a) Individuals/Persons Other Than			
	Political Committees (i) Itemized (use Schedule A)	1250.00	45416.59	
	(ii) Unitemized	895.00	3770.39	
	(iii) TOTAL of contributions from individuals	2145.00	49186.98	
	(b) Political Party Committees	0.00	550.00	
	(c) Other Political Committees (such as PACs)	0.00	0.00	
	(d) The Candidate	0.00	0.00	
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	2145.00	49736.98	
2.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00	
3.	LOANS:			
	(a) Made or Guaranteed by the Candidate	0.00	0.00	
	(b) All Other Loans	0.00	3200.00	
	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	3200.00	
4.	OFFSETS TO OPERATING			
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00	
5.	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00	
6.	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	2145.00	52936.98	

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date				
17.	OPERATING EXPENDITURES	2203.49	51600.50				
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00				
19.	LOAN REPAYMENTS:						
	(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00				
	(b) Of All Other Loans	0.00	0.00				
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00				
20.	REFUNDS OF CONTRIBUTIONS TO:						
	(a) Individuals/Persons Other	0.00	0.00				
	Than Political Committees	7 7	7				
	(b) Political Party Committees	0.00	0.00				
	(c) Other Political Committees (such as PACs)	0.00	0.00				
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00				
21.	OTHER DISBURSEMENTS	0.00	0.00				
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	2203.49	51600.50				
	III. CASH SI	JMMARY					
23.	CASH ON HAND AT BEGINNING OF REPO	PRTING PERIOD	162.25				
24	24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)						
25.	25. SUBTOTAL (add Line 23 and Line 24)						
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	2203.49					
27.	CASH ON HAND AT CLOSE OF REPORTIN (subtract Line 26 from Line 25)	103.76					

### SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOF	PAGE	:	5	OF	8				
(check only one)									
X	11a		11b		11c		11	d	
	12		13a		13b		14	ļ	15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) ELECT DR. MCKELLAR U.S. CONGRESS Full Name (Last, First, Middle Initial) Mrs. Reggi Kemp Date of Receipt Mailing Address P.O. Box 24731 2013 20 City State Zip Code Transaction ID: SA11AI.5182 TX 76124 Ft Worth FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 500.00 Name of Employer Occupation Sisters Helping Sisters Kemp & Sons Environmental Cont **Business Owner** Receipt For: 2014 Election Cycle-to-Date | Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Mrs. Reggi Kemp Date of Receipt Mailing Address P.O. Box 24731 03 2013 Citv State Zip Code Transaction ID: SA11AI.5190 Ft Worth TX 76124 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation Sisters Helping Sisters Kemp & Sons Environmental Cont **Business Owner** Receipt For: 2014 Election Cycle-to-Date | Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) Ms Martha H Lloren's Date of Receipt Mailing Address 1144 Maree 2013 20 City Zip Code State Transaction ID: SA11AI.5191 TX Waxahachie 75165 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation Retired Educator Sisters Helping sisters Receipt For: 2014 Election Cycle-to-Date Primary General 250.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... 1250.00 TOTAL This Period (last page this line number only).....

## SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LINE	NUMBE	R:	P	AGE	6	OF	8
Use separate schedule(s)	(check on	ly one)						
for each category of the Detailed Summary Page	X	17		18		19a		191
Detailed Suffillary Fage		20a		20b		20c		21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) ELECT DR. MCKELLAR U.S. CONGRESS Full Name (Last, First, Middle Initial) City of Tyler-Fair Foundation Building Date of Disbursement 2013 Mailing Address 212 N. Bonner Street 25 City State Zip Code Amount of Each Disbursement this Period Tyler TX 75702 Purpose of Disbursement 399.00 April Rent 001 Transaction ID: SB17.5210 Candidate Name Category/ ELECT DR. MCKELLAR U.S. CONGRESS Type Disbursement For: 2014 Office Sought: House Senate Primary General Other (specify) President ΤX State: District: Full Name (Last, First, Middle Initial) City of Tyler-Fair Foundation Building Date of Disbursement Mailing Address 212 N. Bonner Street 06 25 2013 City State Zip Code Amount of Each Disbursement this Period TX 75702 Tyler 399.00 Purpose of Disbursement Visa Card 001 Transaction ID: SB17.5209 Candidate Name Category/ ELECT DR. MCKELLAR U.S. CONGRESS Type Disbursement For: 2014 Office Sought: House Senate Primary General Other (specify) President District: Full Name (Last, First, Middle Initial) C. Prof. Danny Carl McKellar Sr. Date of Disbursement Mailing Address 2711 Staley Dr 05 02 2013 City State Zip Code Amount of Each Disbursement this Period Tyler  $\mathsf{TX}$ 75702 Purpose of Disbursement 300.00 Credit Card (April) 001 Transaction ID: SB17.5193 Candidate Name Category/ ELECT DR. MCKELLAR U.S. CONGRESS Type Office Sought: Disbursement For: 2014 House General Senate Primary President Other (specify) State: TX District: 01 1098.00 SUBTOTAL of Disbursements This Page (optional)..... TOTAL This Period (last page this line number only).....

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE 7 8 Use separate schedule(s) (check only one) for each category of the **X** 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Oi	To commercial purposes, other than using the name and address of any pointed committee	to solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) ELECT DR. MCKELLAR U.S. CONGRESS	
Α.	Full Name (Last, First, Middle Initial)  Danny Carl McKellar Sr.	Date of Disbursement
	Mailing Address 2711 Staley Dr	06 01 2013

A.	Danny Carl Mc	ckellar Sr.	Mam / Dab / Yayayay			
	Mailing Address 271	1 Staley Dr	06 01 2013			
	City Tyler		State TX	Zip Code 75702		Amount of Each Disbursement this Period
	Purpose of Disbursen Rent Headquarters	nent			001	400.00 Transaction ID : SB17,5208
	Candidate Name ELECT DR. M	CKELLAR L	J.S. CONGRES	S	Category/ Type	1 d 1 d 2 d 1 d 2 d 2 d 2 d 2 d 2 d 2 d
	Office Sought:	House Senate President	Disbursement For:  Primary  Other (sp.	General		
_	State: IX Dis					
В.	Tull Name (Last, 1113t	, whole milal				Date of Disbursement
	Mailing Address			M M / D D / Y Y Y Y		
	City		Amount of Each Disbursement this Period			
	Purpose of Disbursen	nent				
	Candidate Name			Category/ Type		
	Office Sought:	House Senate President	Disbursement For:  Primary  Other (sp.	General		
	State: Dis	strict:				
	Full Name (Last, First	, Middle Initial)				
C.						Date of Disbursement
	Mailing Address					
	City		State Zip	Code		Amount of Each Disbursement this Period
	Purpose of Disbursen	nent			· · · ·	
	Candidate Name		Category/ Type			
	Office Sought:  State: Dis	House Senate President strict:	Disbursement For: Primary Other (sp.	General ecify)		
<u>ج</u>	SUBTOTAL of Disburse	ements This Page	(optional)			400.00
Ĕ			(5000)			1498.00
						1430.00

TOTAL This Period (last page this line number only).....

# SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

**PAGE** 

	13a
X	13b

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OF

Detailed Summary Page Transaction ID: SC/10.4192 NAME OF COMMITTEE (In Full) ELECT DR. MCKELLAR U.S. CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Primary Mr. Danny . McKellar Sr. General Mailing Address Other (specify) 2711 Staley Dr City State ZIP Code TX 75702 Tyler Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 3200.00 0.00 3200.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 01 <sup>M</sup> 12<sup>M</sup> 2011 0.00 5/30/12 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 3200.00 TOTALS This Period (last page in this line only) ...... 3200.00 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.